

## Testimony

### Public Health Committee

March 12, 2010

#### Bill No. 401, AN ACT CONCERNING AN INITIATIVE TO INCREASE AND IMPROVE THE STATES HEALTHCARE WORKFORCE

Senator Harris, Representative Willis and members of the public Health Committee my name is Dr. Adam Silverman and I reside in Simsbury and I am here today as a representative of Dr. Cato Laurencin the Vice President for Health Affairs and Dean of the School of Medicine at UConn in support of Bill No. 401, AN ACT CONCERNING AN INITIATIVE TO INCREASE AND IMPROVE THE STATES HEALTHCARE WORKFORCE. It is with great excitement that I come before you today to continue the dialogue that some of you had with me and my colleagues Drs. Kiki Nissen and Bruce Koeppen in regards to augmenting the healthcare workforce in Connecticut. While the entire healthcare workforce needs to be addressed, as a physician, I feel most knowledgeable in addressing the specific perils facing the physician workforce in Connecticut. As the Chief of the Division of General Internal Medicine at the UConn Health Center, I am responsible for 24 primary care physicians and hospitalists. Additionally, as President of the John Dempsey Hospital Medical and Dental Staff, and Special Assistant to the Vice President for Health Affairs and Dean of the School of Medicine, I am very involved in the educational programs of our residents and medical students. As one who both educates our best and brightest students AND attempts to recruit them to practice in Connecticut, I can personally attest to the need for legislative support in this endeavor. The scope of the problem of physician shortage in Connecticut is captured by a 2008 survey by the Connecticut State Medical Society that offers 4 concerning statistics:

1. 30% of Connecticut physicians were contemplating a career change altogether or a move out of state for a perceived improved practice environment.
2. Practicing physicians are less likely to recommend that a graduating medical student practice in Connecticut.
3. The average time to recruit a new physician to Connecticut is 17 months.
4. 33% of physicians reported that medical liability insurance premiums were burdensome.

This Connecticut State Medical Society data suggesting that Connecticut is an unattractive choice for US medical students was echoed in the 2009 survey of graduating medical students completed by the American Association of Medical Colleges (AAMC) that showed a 25% decline in interest in choosing Connecticut as a practice location. Additionally, this survey confirmed the indebtedness problem facing many medical

students, with the average indebtedness of graduating medical students topping \$130,000. To quote the Connecticut State Medical Society's survey directly, "at a time when the medical training system relies heavily on existing physicians to train their younger colleagues in medical school, residency and fellowship programs, physicians were not strongly inclined to recommend a Connecticut practice to young physicians. There is great concern that this relative negativity translates into apprehension if not outright fear at the prospect of practicing in a state that already has a difficult time attracting young physicians." Why is there such dissatisfaction with the practice of medicine in Connecticut? The drivers of dissatisfaction with CT as a practice locale include, a relatively high cost of living, a relatively lower remuneration, onerous liability premiums, and difficulty recruiting junior or replacement colleagues.

From my standpoint the possible solutions to this issue are simple, and include:

1. Reduce the cost of practicing in Connecticut by:
  - a. Loan repayment programs for physicians who choose to practice in Connecticut
  - b. Medical liability reform
2. Attract more medical students by offering tuition subsidies for students who establish practices in CT within 6 years of graduating medical school.
3. Enhance outreach programs to high school students to interest them in health care oriented careers at an early age. Then help track them into existing programs at State Universities for undergraduate, graduate, and post-graduate training with financial incentives to help them establish practices in the State. The Area Health Education Center (AHEC) supported by the UConn Health Center sponsors such a program called the Youth Health Service Corp, which has been remarkably successful.
4. Subsidize comprehensive programs like the Urban Service Track at UConn which sponsors capable individuals with an interest in caring for the underserved and health disparities and assists them with admission into an academic track that includes medical school and residency at UConn in exchange for a commitment to practice in Connecticut after graduation.

As I am sure that many of you are aware, of all practice specialties, primary care medicine is suffering greatly in this era. The shortage of practitioners who are best trained to deliver comprehensive, high quality, cost-effective health care and wellness is of particular importance to all of us. Relatively lower salaries and burdensome administrative requirements add to the troubled image of primary care as a career choice for today's medical students. Reversing this image is paramount to solving this critical shortage. As such, we need to begin to train the next generation of primary care role models so that our future students have the right individuals to learn from and we need to develop the next generation primary care practices to learn in for our students and residents who wish to pursue a career in primary care

The State's only public hospital and medical school stand ready to assist in this process in any way that we can. Thank you for your consideration.